



**Georgia Department of Public Health
(Office of HIV/AIDS)
ARTAS Data Monthly Report**

**Does not replace HIV-Form 550-Narrative Progress Report*

Month _____ Year _____

Name of Agency: _____ Contract Number: _____

Name of Person Completing Form: _____ Phone Number: _____

<i>The number of clients enrolled:</i>		Month	Cumulative
Total # of clients "Newly Diagnosed"			
Total # of <i>Previously Diagnosed</i>	clients "Lost to Care"		
	clients "Newly Engaged"		

Referral Types given:	# of Clients Linked: <i>(this month)</i>		# on Wait List/Pending: <i>(this month)</i>	
	Newly Diagnosed	Previously Diagnosed	Newly Diagnosed	Previously Diagnosed
Medical Care				
STD Clinic				
Substance Abuse Treatment/Prevention				
Mental Health				
Housing Assistance				
Medicaid				
ADAP				
Long-term Case Management				

Total # of Clients Linked (Only clients newly linked this month)	
White (Non-Hispanic)	
Black/African American (Non-Hispanic)	
Asian	
Native American/Alaskan Native	
Native Hawaiian/Pacific Islander	
Other	
More than One Race	
Hispanic	
Total	

Total # of Clients Linked (Only clients newly linked this month)	
# of Females >24	
# of Males >24	
# of Transgender Male to Female	
# of Transgender Female to Male	
# of Transgender Unknown	
# of Females 18-24	
# of Males 18-24	
Total	

<i>Number of Target Populations Linked This Month (One client may be entered in multiple target population categories)</i>			
Heterosexual Women		Lesbian/Bisexual women	
Heterosexual Men		Transgender	
Men that have sex with men(MSM)		MSM/IDU	
Homeless			
Incarcerated persons			
Parolees		*This is the total for both sides of this table	
Injection Drug users (IDU)		Total	

<i>The number of clients served:</i>	<i>Month</i>	<i>Cumulative</i>
Total # of clients “Successfully” discharged this month		
Total # of clients “Lost to Follow-Up” or Non-compliant		
Total # of clients “Deceased”		

90 Day Follow-up:

Of clients referred to medical care three months prior, _____ are still in care out of _____ enrolled that month. *Example – For clients enrolled in March, the number remaining in care should be documented on the May monthly report.*

List any barriers that you experienced while trying to link clients to needed services:

Describe successes that you had in getting clients into care or services more quickly or efficiently:

Additional Notes:

Instructions for the ARTAS Monthly Report

The Georgia Department of Public Health (Office of HIV/AIDS) ARTAS providers must submit the Monthly Report no later than the 15th day of the month following the month being reported. This information can be submitted via mail or fax to the Linkage Coordinator at the following address:

Georgia Department of Public Health
Attn: Statewide Linkage Coordinator
2 Peachtree Street, N.W., 12th floor
Atlanta, GA. 30303
404-651-7655 (office)
404-657-3134 (fax)
Melaniegwynn@dhr.state.ga.us

The information requested in this report represents the requirements of your current contract. Reporting accuracy and timely receipt are very important.